



1477, EHRaaS,
Electronic Consent
Management,
and
2022 HIT Operational Plan

Health IT Operational Plan Update
Meeting

January 25, 2022

Washington State
Health Care Authority

Agenda

- ▶ E2SHB 1477: 988 Crisis Call Center and Behavioral Health Integrated Referral System
- ▶ EHR as a Service (EHRaaS)
- ▶ Electronic Consent Management Solution
- ▶ 2022 Health IT Operational Plan

E2SHB 1477

Draft Technical & Operational Plan

National 988 System: Crisis Call Center & Behavioral Health Integrated Referral System
Engrossed Second Substitute House Bill 1477;
Section 102, 109; Chapter 302, Laws of 2021

January 25, 2022

Section 102: Technology and Platforms

Requires the WA state Department of Health (DOH) and Health Care Authority (HCA) to collaborate to determine the technology and platforms necessary to manage and operate the behavioral health crisis response and suicide prevention system, including:

- ▶ An advanced behavioral health and suicide prevention crisis call center system for Crisis Call Center Hubs; and
- ▶ A behavioral health integrated client referral system for crisis call center hubs and the other entities involved in behavioral health care

Section 109: Technical & Operational Plan

- ▶ Requires the DOH and HCA to create a technical and operational plan for the purpose of developing and implementing the required technology and platforms
- ▶ The legislation requires a Draft Technical and Operational Plan be submitted by January 1, 2022, and a Final Plan by August 31, 2022

Current State

There are three National Suicide Prevention Lifeline call centers (NSPLs) in Washington State

DOH holds the contracts for the three NSPL Crisis Call Center Hubs in the State:

- Crisis Connections – Serving King County
- Frontier Behavioral Health – Serving Greater Spokane Region (six counties in Eastern Washington)
- Volunteers of America (VOA) of Western Washington – Serving the remaining 32 counties of the State.
- The National Act requires that 988 call centers be NSPL accredited call centers.
- Each NSPL in the State is accredited by Vibrant.
- Accreditation by Vibrant takes approximately two years to secure.

Regional Crisis Call Systems are operated by the BH-ASOs with in-house staff or in partnership with local behavioral health providers

- BH-ASOs are responsible for providing regional crisis call services for Washington State's ten integrated managed care regions.
- Seven out of ten BH-ASOs contract with Lifeline Crisis Call Centers (NSPLs) to provide crisis line services for their regions.
- Three BH-ASOs operate their own Regional Crisis Call Systems (instead of contracting with Crisis Call Centers in the NSPL network)
 - Thurston Mason
 - Greater Columbia
 - Great Rivers

The Washington Indian Behavioral Health Hub (Indian BH Hub)

- Located in the Volunteers of America (VOA) NSPL call center in Everett, is operated independently and serves indigenous and Tribal affiliated individuals with culturally appropriate care
- Tribal Crisis call line goes live July 2022

July 2022: 988 Call and Text/Chat

988 will be answered by the 3 National Suicide Prevention Lifeline call centers (NSPLs) in Washington State

- The technology to route 988 calls to the 3 NSPL centers is in place
 - Links to the Veteran's Crisis Line and Lifeline's Spanish Language Line
 - Tribal Crisis Line will go live
- 1 NSPL center currently has text/chat capabilities (accreditation and infrastructure)
- Planning is underway
- Key challenge: ensuring capacity of NSPL centers can scale at the same rate associated with 988 launch and implementation



Overview of next steps to get us to the future state

- DOH is amending current contracts to include funding for NSPL Centers and the Washington Indian Behavioral Health Hub to help scale capacity to prepare for increase in contacts due to 988 implementation.
 - Grant: DOH will be applying for additional federal funding to support NSPL center capacity building in partnership with HCA and NSPL centers
- Ongoing coordination with the Tribal Centric Behavioral Health Advisory Committee
- July 2023: DOH will adopt rules to establish standards for crisis call center hubs
- July 2024: Designate crisis call center hubs

Future State – Vision

A Future NSPL/ Crisis Call Center Hub System will receive calls (and texts and chats) via the 988 telephone number.

- This system will document the call information including the safety plan until it is time for the referral, at which time relevant information will be passed to the Integrated Referral System.

A Future Integrated Referral System will be used to generate needed connections, referrals, and reports.

- This system will support referrals for follow-up services (including by whom and to which entities) in response to calls received by 988 and Regional Crisis Lines

Referrals are envisioned to be supported by several Future Interoperable Systems including functionality for:

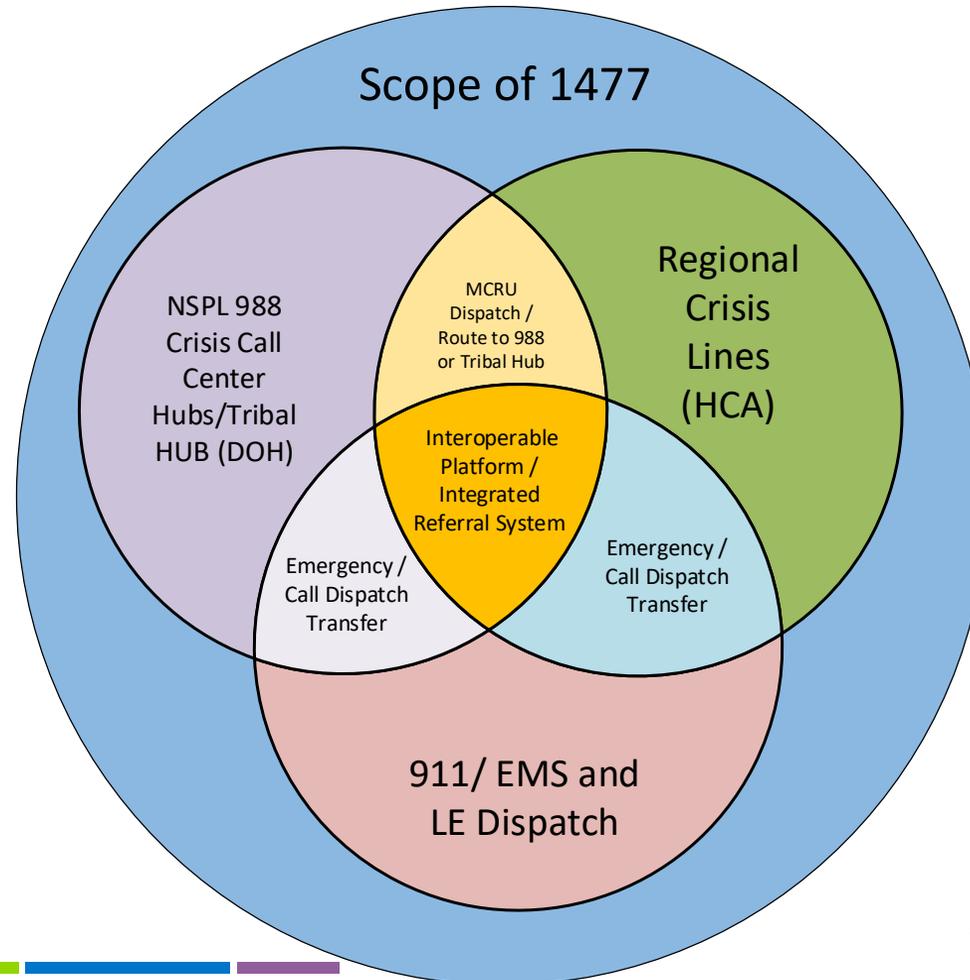
- Additional systems needed for:
 - Bed availability
 - Provider directory
 - Information about the least restrictive alternative (LRA) treatment orders
 - Existence of mental health advance directives
 - Use of an EHRs (incl. EHRaaS*), and
 - Other system functionality

* EHRaaS: Electronic Health Record as a Service

Based on information gathered from key stakeholders

E2SHB 1477 – Vision: Technology/Data perspective

To respond to requirements in E2SHB 1477, the systems needed for the Crisis Call Center, Regional Crisis Lines, and Behavioral Health Integrated Client Referral System need to support interoperable information sharing across systems.



MCRU: Mobile Crisis Response Unit
EMS: Emergency Medical System
LE: Law Enforcement

Illustrative Use Case: First Time Caller

Adult Caller

- 27 year old caller who identifies as male
- Not enrolled in any behavioral health services at this time.
- Calls 9-1-1 to discuss suicidal ideation, not in active, life threatening situation but needs to speak with someone immediately
- Call transferred, per protocol, to 9-8-8 crisis line
- Caller reveals to 9-8-8 call support worker that he does have a plan for suicide and means for carrying out his plan
- Call worker determines that caller would benefit from (depending on region) a contact from Mobile outreach or a Next Day appointment

Family of a 12 year old

- Mother of a 12 year old who identifies as male calls 9-1-1 seeking help for her son
- Son is not currently enrolled in services with behavioral health provider
- Son is refusing to go to school, will not get out of bed, is expressing vague thoughts about taking his own life but is not in imminent danger
- Call transferred per protocol to 9-8-8 crisis line
- While on the call, mother and son start yelling at one another and son states that he had an attempt last week by taking sleeping pills but he woke up the next morning. Son states he plans to try this again today if he has to go to school
- Call worker determines that caller would benefit from support from the region's youth mobile crisis team

Illustrative Use Case: Familiar Caller

Adult Caller

- 40 year old caller who identifies as non-binary
- Not enrolled in any behavioral health services at this time.
- Regularly calls 9-1-1 one to four times per week. Not experiencing an active, life threatening situation but is in great distress regarding what sounds like potential delusional content
- Call transferred, per protocol, to 9-8-8 crisis line
- Through the course of the conversation, call worker determines that caller would benefit from (depending on region) a contact from Mobile outreach or a Next Day appointment
- It is noted that caller is also a frequent caller to the crisis line and visits emergency departments 3-5 times per month

Family of an 11 year old

- Mother of a 11 year old who identifies as female calls 9-1-1 seeking help for her daughter
- Daughter is currently enrolled in services with behavioral health provider
- Family calls 9-1-1 three to five times per month and 9-8-8 every night. There is a care plan on file for this patient to engage with youth mobile crisis when they call in.
- Daughter is screaming at all family members and throwing things but is not in imminent danger
- Call transferred per protocol to 9-8-8 crisis line
- While on the call with 9-8-8, mother and daughter start yelling at one another loudly, making vague threats about punching mother. Call worker warm transfers the call to the region's youth mobile crisis team who is familiar with the family.

Draft Technical and Operational Plan

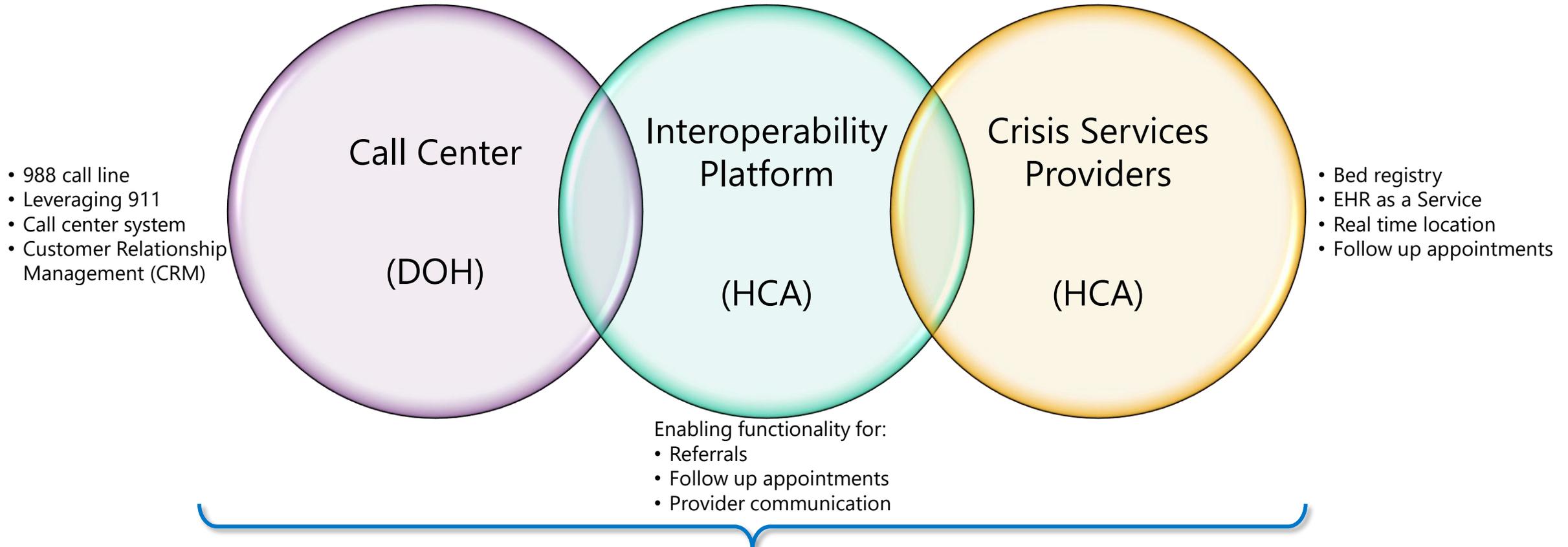
- ▶ In creating this Draft Technical and Operational Plan, HCA and DOH have relied on several sources of information including,
 - ▶ Information gathered as part of HCA's work on behavioral health bed tracking (supported under a SAMHSA grant),
 - ▶ Reports from Third Sector (prepared on behalf Ballmer Group),
 - ▶ Other documents cited in this report, and
 - ▶ Interviews, discussions, and/or materials received from staff from HCA, DOH, the Military Department, and NSPL VOA

Draft Plan Overview

The Draft Plan takes a “System of Systems” perspective that is designed with the following high-level approach:

- ▶ Two primary systems needed to fulfill the requirements of E2SHB 1477
 - ▶ the 988 Crisis Call Center System Platform (Crisis Call System); and
 - ▶ Behavioral Health Integrated Client Referral System (Integrated Referral System)
- ▶ The ancillary systems needed to support and facilitate information exchange to, and amongst, these two primary systems

System of Systems



Data Privacy, Security, Governance, Role-based-access

Crisis Call Center System Platform

- ▶ E2SHB 1477 requires that the crisis call center platform to be used in crisis call center hubs use technology demonstrated to be interoperable across crisis and emergency response systems used throughout the state (e.g., 911 systems, EMS systems, and other non-behavioral health crisis services).
- ▶ Vibrant announced their selected vendors in early January. DOH and HCA will evaluate Vibrant system's ability to meet requirements.
 - ▶ In the event that the Vibrant system does not meet these requirements, Washington State has explored utilizing existing 911 capabilities and other key systems to achieve these requirements.

Behavioral Health Integrated Client Referral System

- ▶ E2SHB 1477 requires that the Behavioral Health Integrated Client Referral System must be capable of providing system coordination information to crisis call center hubs and other entities involved in behavioral health care.
- ▶ These interoperability requirements, in turn, require the supporting and ancillary systems to achieve the desired functionality

Supporting and Ancillary Systems

- ▶ Potential Systems* connected using the Interoperability Platform
 - ▶ 988 platform (e.g., the Vibrant Unified Platform (UP))
 - ▶ Computer Aided Dispatch (CAD)
 - ▶ Health Information Exchange
 - ▶ Community Information Exchange Systems
 - ▶ Referral Systems (e.g., Collective Medical, OpenBeds)
 - ▶ Bed availability solutions (e.g., WA-TRAC, WA Health, Open Beds)
 - ▶ Provider directories (e.g., directories at the NSPLs, Regional directories, DOH Provider Registry)
 - ▶ Provider health information technology systems (e.g., EHRs, EHRaaS, Collective Medical)
 - ▶ Community service systems
 - ▶ Case management/Care Coordination systems (e.g., used by MCOs, BH-ASOs)

* Some of these systems do not yet exist

Electronic Health Record as a Service (EHRaaS Hosting)

- ▶ The HCA requested funding, which is included in the Governor's supplemental budget proposal, to implement an Electronic Health Record as a Service (EHRaaS) solution.
- ▶ This platform will meet a variety of needs, with an initial focus on supporting behavioral health, rural, tribal, and long term care providers.
- ▶ These providers serve many of our underserved communities, yet often don't have the resources to procure or maintain this type of solution planning for these systems may or may not have started yet.

Technology Considerations

- ▶ To develop the Final Technical and Operational Plan, additional information will be gathered including via interviews with key stakeholders, including:
 - ▶ the CRIS Committee (including Technical and Tribal Subcommittees)
 - ▶ State agency staff (including HCA, DBHR, DOH, Military Department)
 - ▶ NSPLs
 - ▶ Regional Crisis Centers/ BH-ASOs
 - ▶ MCOs
 - ▶ ACHs
 - ▶ Providers
 - ▶ Vendors
 - ▶ Officials in other States
 - ▶ Others

- ▶ Information gathered will inform the technology considerations identified on the following slides

Technology Considerations

Determining technology and platforms

- Identifying the types of systems and users for the: 988 and regional crisis call lines, behavioral health integrated client referral system, and supporting ancillary systems.
- Determining governance and change management for these systems.

Security, Access and Permissions

- The technology platform and solutions will require robust security and role-based access control.
- Data must be accessible to treat and/or refer clients in active rescue (life threatening) and non-active rescue situations but on a need-to-know basis only and in accordance with federal and state laws and standards.

Privacy & Protocols

- Washington State privacy laws, HIPAA and 42 CFR Part 2 govern data access and sharing.
- HIPAA includes requirements that pertain to the privacy and security of health information.
- SLAs and DSAs are needed between any parties needing to share sensitive data. Work is needed to identify specific SLA's and DSA's for entities.

Data and Technology Considerations (cont.)

Data Analytics & Performance Metrics

- Identify current and future data analytics and performance metrics required by the system to support requirements in E2SHB 1477.

Cost and Pricing for Needed Technology

- As the Final Technical and Operational Plan continues to be developed, cost and pricing information will be gathered for each of the technology solutions and platforms needed

The Final Technical and Operational Plan will reflect the efforts of the CRIS and CRIS subcommittees

- A variety of data management issues will be addressed including: what are the systems, users, storage, security, and documentation needs; how to ensure data quality and appropriate permissions for data access (particularly given the highly sensitive nature of this data).

Limitations, Liability, and Risks



Limitations

At present, there are several gaps and uncertainties regarding the technical solutions needed to support implementation of E2SHB 1477. Content in this Draft Technical and Operational Plan is limited and gaps in information will be addressed in the Final Plan as additional information is acquired.



Liability

The Final Technical and Operational Plan will consider potential liability issues that may arise for state agencies, health and behavioral health service providers, Tribal organizations, vendors, and others when using the technology systems and solutions to respond to crisis events



Risks

Some of the high impact risks affecting the project that may impact the Final Technical and Operational Plan include aggressive implementation dates; rapidly evolving policy landscape; coordination between diverse stakeholder groups; and sustainability and funding

Summary and Next Steps

- ▶ The Draft Plan describes and summarizes what is known about and what additional information is needed regarding the technology and platforms required to implement the enhanced and expanded behavioral health crisis response and suicide prevention services.
- ▶ Significant additional work is needed to create the Final Technical and Operational Plan required in E2SHB 1477 Section 109.
- ▶ Achieving interoperability, outcomes tracking, real-time identification of services and information, and referrals along with the other requirements of E2SHB 1477 will require continued investment and analysis.
- ▶ Technology Subcommittee Member feedback on the Draft Technical and Operational Plan by Friday, January 21, 2022.
- ▶ Draft Plan will be submitted to Legislature and Governor in February and posted on HCA/CRIS webpage <https://www.hca.wa.gov/about-hca/behavioral-health-recovery/crisis-response-improvement-strategy-cris-committees>

Questions?



Electronic Health Record as a Service EHRaaS

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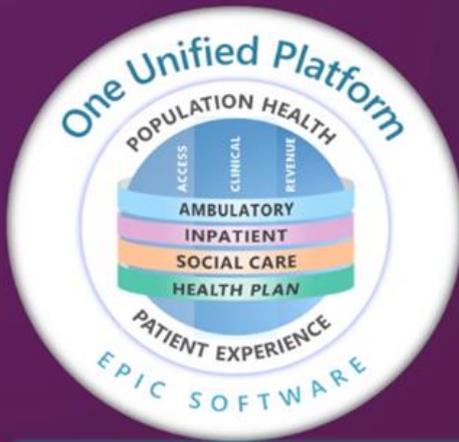
January 25, 2022

Statewide EHRaaS

- HCA's goal is to assist health care providers in their mission to provide better patient care at the point of care, improved care coordination, interoperability, and improve care to disparate communities.
- Health Care Authority (HCA) is undertaking an effort to provide an outpatient electronic health record (EHR) to:
 - Rural Health Care Agencies
 - Behavioral Health Care Providers
 - Tribal Health Care Providers
 - Long-Term Care Providers

Approach

- HCA plans to offer:
 - licenses for a certified EHR system to be used statewide by targeted providers/ agencies;
 - Ambulatory, Patient Experience, Revenue Cycle, Population health, and Analytics
 - Not included in phase 1: Inpatient, and Specialty services such as Urgent Care, Dental, Lab services, etc
 - licenses available at no charge for targeted providers; and
 - training and technical assistance to support the agency's use of that EHR system.



Population Health

Care & Case Management
 Community Resource Directory
 Cost & Utilization Dashboard
 Healthy Planet Link *Web Portal*
 Longitudinal Plan of Care
 Registries
 Risk Stratification

Patient Experience

MyChart *patient portal*
 MyChart *Bedside hospital*
 MyChart *Care Companion chronic conditions*
 MyChart *Health Coach wellness*
 Lucy *standalone personal health record*
 Welcome *patient kiosk*

Inpatient

Cadence *Scheduling*
 Grand Central *Patient Flow*
 Willow *Inpatient Pharmacy*

EpicCare *Comprehensive Health Record*

Clinician *Order Entry*
 MAR
 Decision *Support*
 Clinical *Documentation*
 ICU
 Review & *Trending Tools*
 Device & *Pump Integration*
 Infection *Control*
 Care *Plans & Education*
 Clinical *Pathways*
 Secure *Chat*
 Voice *Assistant/NLP*

Clinician Mobile

Haiku *for smartphone*
 Canto *for tablet*
 Limerick *for watch*
 Rover *for hospital users*

Ambulatory

Prelude & Cadence *Registration & Scheduling*
 Call *Management*
 Nurse *Triage*
 Willow *Ambulatory Pharmacy*

EpicCare *Comprehensive Health Record*

Charting
 Clinician *Order Entry*
 Voice *Assistant/NLP*
 Decision *Support*
 Review & *Trending Tools*
 e-*Prescribing*

Rev Cycle & Access

Resolute *Hospital Billing*
 Resolute *Professional Billing*
 Charge *Router*
 Contract *Modeling*
 Eligibility
 Patient *Estimates*
 Estimates *at Ordering*
 Financial *Assistance*
 Referrals & *Authorizations*

Interoperability

Care *Everywhere*
 Chart *Gateway*
 Connect
 EpicCare *Link*
 Payer *Platform*
 Share *Everywhere*

Continuing Care

Community *Care*
 Dorothy *Home Health*
 Comfort *Hospice*
 Long *Term Care*
 Rehab
 Social *Care*
 Social *Determinants of Health*
 Wound *Care*

Telehealth

Telestroke
 Teledermatology
 Telepsych
 TeleICU
 E-*Visits*
 Remote *Monitoring*
 Specialty *E-Consults*
 Video *Visits*
Patient-to-provider or provider-to-provider

Specialties

Anesthesia
 ASAP
Emergency
 Beaker
Lab
 Beacon
Oncology
 Bones
Orthopaedics
 Cupid
Cardiology
 Dermatology
 ENT
 Fertility
 Genetics
 Genomics
 Kaleidoscope
Ophthalmology
 Lumens
Endoscopy
 OpTime
OR Management
 Nephrology
 Phoenix
Transplant
 Radiant
Radiology
 Rheumatology
 Stork
OB Labor/Delivery
 Urgent *Care*
 Wisdom
Dental

Analytics

Dashboards & *Reports*
 Analytics *Catalog*
 Pulse *Peer benchmarking*
 SlicerDicer *On-demand self-service*
 Caboodle *Enterprise data warehouse*
 Cognitive *Computing*
 Machine *learning*

Research

Cosmos
 Recruitment & *Participant Tracking*
 Research *Billing*
 Study *Ordering & Documentation*

Education

Medical *Student Training*
 Resident *Workflows*
 Supervisory *Support for Attendings*

Health Plans

AP *Claims/Capitation*
 Enrollment/*Eligibility*
 Premium *Billing*
 Tapestry *Link*
 Utilization *Management*

Implementation

- HCA will:
 - solicit proposals for a “Lead Organization” (LO); and
 - review proposals from and select eligible providers to receive a license for the HER
- The LO will:
 - on-board providers selected to receive a license for the EHR;
 - work with selected providers to configure systems and workflow; and
 - arrange for the provision of training for selected providers regarding the use of the EHR

Electronic Consent Management Solution (eCMS)

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January 25, 2022

ECM Background

- ▶ HCA convened an interagency workgroup in 2019 to author guidance to the provider community on sharing SUD information.
 - ▶ Resulting guidance “Sharing Substance Use Disorder Information: A Guide for Washington State” was published in summer 2019.
 - ▶ The guidance document included a proposed standard Part 2 consent that complied with all applicable state and federal law.
- ▶ Significant administrative burden to manage consents on a daily basis and impedes efficient care coordination for clients and provides roadblocks to whole person care
 - ▶ In the absence of an electronic “source of truth” solution that providers can access, this workload and confusion will continue.

Project Phases

- ▶ To address these issues, the Electronic Consent Management (ECM) Project was chartered, which consists of three phases:
 - Phase I – Jan 17, 2020 to Sept 30, 2020 (planning, initial requirements definition, toolkit creation)
 - ▶ Completed SME interview, Calls with Alaska & Arizona.
 - ▶ Conducted approximately 20 provider sessions to identify business requirements
 - Phase II – Mar 16, 2021 to June 30, 2021 (RFI & marketplace scan)
 - ▶ RFI released April 14 2021
 - ▶ Seven Responses
 - Phase III – July 1, 2021 to June 30, 2023 (RFP, implementation of baseline solution & some incremental system build-out).
 - ▶ In progress: PM Procurement and RFP development

RFP Approach

- ▶ Provide more information on install base for product
- ▶ Provide detailed implementation plan
- ▶ Provide complete cost grid about various deployment costs
- ▶ Provide more information on technical capability & access
 - ▶ Providers and clients (future state)
- ▶ Provide more information on process:
 - ▶ Paper consent upload
 - ▶ Conflict checking occurs
 - ▶ Vendor staff training about Part 2, HIPAA, state law & refresher training
 - ▶ Data Segmentation

Questions

2022 Health IT Operational Plan

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January 25, 2022

Health IT Operational Plan

- ▶ The WA State Medicaid Transformation Waiver requires a Health IT Strategy which we've operationalized as:
 - ▶ Health IT Roadmap
 - ▶ An annual Health IT Operational Plan
- ▶ The SUD and MH IMD Waivers require Health IT Plans
- ▶ The Health IT Operational Plan identifies tasks to be undertaken, many of which are contingent on availability of funds, to address the Waiver requirements.

2022 Health IT Operational Plan

Includes Tasks in the following areas :

EHRaaS: Electronic Health Record as a Service

Crisis Call Center and Related Activities
(988/E2SHB1477)

MH IMD Waiver:

- Closed Loop Referrals and e-Referrals
- Create and use Interoperable E-Care Plans
- Medical Records Transition
- E-Consent Management Solution (eCMS)
- Interoperable Intake, Assessment, and Screening tools

Administer EHR Incentive Project

CMS Interoperability Rules:

- Patient Access API
- Provider Directory API
- HHS Coalition MPI Project

- Telehealth
- Identifying and altering care teams patients at risk for discontinuing/ stopping treatment
 - Care coordination workflow
 - Link episodes of care in EMRs to correct patient

2022 Health IT Operational Plan

Includes Tasks in the following areas :

HCA Payment Innovation: Consider whether/ how to incorporate the use of HIT/HIE in:

- Medicaid Multi-Payer Primary Care Payment Initiative
- Community Health Access and Rural Transformation (CHART) Model

Advancing Digital Quality Measures (dQMs): Explore options to advance the use of dQMs in MCOs contracts, APMs, and other HCA initiatives

SDOH and LTC/Social Service Data Exchange:

- Develop white paper on opportunities to support electronic creation, exchange, and re-use of SDOH data for administrative and caregiving purposes
- Develop Strategy and Operational Plan to advance use of HIT/HIE to support transitions in LTC
- Participate in HHACH initiative to advance use of Collective Medical (CM) tools to support LTC transitions in care
- Participate in WA State Gravity project to develop a pilot on the interoperable exchange of SDOH data

2022 Health IT Operational Plan

Includes Tasks in the following areas :

CDR Functions:

- Jails to query CDR for clinical information
- Transmit Tribal FFS data to CDR (contingent on eCMS)

Support **MTP, Extension, and Waiver Renewal**

Tribal Engagement: Continue conversations with Tribal partners and the AIHC on HIE

Questions?

- Slides from the bi-monthly HIT Operational Plan Update Meeting are be posted on HCA Transformation website.

<https://www.hca.wa.gov/about-hca/health-information-technology/washington-state-medicaid-hit-plan>

- Questions -- Contact:

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Bi-Monthly HIT Operational Plan Meetings

- ▶ 4th Tues. of every other month.
- ▶ Next meeting: March 22, 2022